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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/049585		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1		1				51			
2		1		1			52			
3		2		1			53			
4		1		1			54			
5		2		1			55			
6		1		1			56			
7		1		1			57			
8	1		1				58			
9	1		1				59			
10		1		1			60			
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46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3		3				TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS	12		10				TOTAL CLAIMS			

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